

Jefferson Metropolitan Housing Authority
INCIDENT/COMPLAINT FORM

Topic of call/statement: _____ Date _____

Call/statement taken by: _____

Name of person making complaint: _____

Address: _____

Telephone #: _____

Nature of Complaint: _____ **Noise/Disturbance**
_____ **Vandalism**
_____ **Live-in *******
_____ **Assault/Threat**
_____ **Drugs**

Date and time of incident: _____

Exact location of incident: _____

Was it reported to police or housing security? _____

When? _____

Witness (other than complainant): _____

Will complainant and witness sign an affidavit? _____

Testify in court? _____

Details of incident: (List all **FACTS** beginning with **date, time, persons involved, vehicles, and licenses**) _____

***** Note: For live-in complaints, an Allegation Form should also be completed.

The incident described in the complaint is to the best of my knowledge and recollection.

X _____

Signature of complainant

If you need to report anonymous information (without giving your name) or if you have additional questions or concerns for security, please contact 740-282-0994.